



TRADE CONTRACTOR SAFETY COMPLIANCE DECLARATION

Date: _____
 Company Name: _____
 Company Address: _____

 Safety Contact: _____ Tel: _____

Responsible Manager: _____
 Email: _____
 Fax: _____
 Safety Phone: _____
 Emergency Contact: _____ Tel: _____

	YES	NO	N/A	COMMENT
1. Does your company comply with current Injury and Illness Prevention Program (IIPP) requirements?				
2. Do you conduct regular safety inspections & document them?				
3. Tailgate Talks every 10 business days?				
4. Trade Specific Codes of Safe Practices?				
5. Do you have code compliant programs & safety training for:				
• First aid/CPR?				
• Electrical Safety?				
• Fall protection?				
• Confined space entry?				
• Powered industrial trucks?				
• Aerial lifts & Work Platforms?				
• Hazard communications?				
• Personal protective equipment?				
• Fire extinguisher training?				
• Hand & Power Tools/Powder actuated tools?				
• Scaffolding safety (competent person)?				
• Trenching safety (competent person)?				
• Lockout/tagout?				
• Emergency action/fire protection plans?				
• Rigging and crane safety?				
• Housekeeping?				
• Ladders?				
• Floor and wall openings?				
6. Are copies of your OSHA Form 200/300 for the last three years included?				
7. Does your company maintain all required MSDSs?				
8. Does your company perform driver's license and record checks on personnel who drive company vehicles?				
9. Does your company have a drug/alcohol testing program?				

10. Your company's OSHA citation record may be checked at: www.osha.gov/cgi-bin/est/est1
 11. What is your experience modification factor for the last three years? _____
 12. Insurance coverage & limits will be required to have the helicopter/crane companies name your company as additionally insured.
 13. You will be required to obtain OSHA permits – if applicable.
 14. Subcontractor warrants that it will adopt, maintain, and comply with all applicable safety programs referenced herein:

SIGNED: _____ DATE: _____

PRINT NAME: _____ TITLE: _____